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| Case Number: | CM15-0047090 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 12/10/2009 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male who sustained an industrial injury on December 10, 2009. He has reported injury to the back and right leg and has been diagnosed with left calf atrophy secondary to a lumbar radiculopathy, left L5 radicular pain and L4-L5 disc herniation, canal stenosis, and mild stable L1 on L2 retrolisthesis, L1-S1 disc narrowing, and mild spondylosis, narrow L1-2 and L3-S1 discs. Treatment has included medications. Currently the injured worker had continuous pain in his low back with pain in his left lower extremity. The treatment request included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #150 (dispensed 2/12/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with pain medication. Also, "aberrant behaviors" is documented on a 10/2014 progress note. The note does not further elaborate on exactly what aberrant behavior has been noted. Likewise, this request is not medically necessary.